

EXECUTIVE SUMMARY 2002-2006

BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2002-2006



FOREWORD

overnmental jurisdictions have a unique responsibility in keeping track of populations they serve and for which they are accountable. Whether or not such tracking and accountability functions are done can mean the difference between having effective and efficient services for these populations or performing services that miss their mark. This Blueprint document provides Montgomery County the opportunity to address the needs and concerns of its Latino populations with effective, efficient, and improved health and human services.

Latinos are the fastest growing ethnic group in Montgomery County. If not for the influx of Latino immigrants and other foreign-born populations in the past ten years, Montgomery County would have had a population decrease. Latinos have grown in number at a rate five times that of the average growth for the State's population overall. Latinos are diverse populations in terms of country of origin, race, religion, levels of education, date of migration and reasons for migration. Their needs are multi-dimensional especially with regard to access to resources. Latinos face serious barriers to medical care and public health services within Montgomery County. It was from this backdrop of concerns about such services that the Latino Health Initiative (LHI) for Montgomery County was designed and established. It is charged to mobilize resources in the County to improve the health of its Latino populations. Moreover, the LHI is an effort to involve and empower different segments of the Latino community to realize and use their traditions as strengths in seeking and finding solutions to the community's problems.

The Steering Committee of the LHI presents this Blueprint document to the public, providers, and policy makers of the County as a basis for the development of responsive and sensitive medical care and public health systems that consciously and systematically address the basic needs of the Latino community. The Blueprint reflects the interaction between leadership, collaborative relationships, resources and expertise. It focuses on the importance of data collection to assist in planning and implementing comprehensive and integrated services and in the allocation of resources process that is fair, balanced, and needs-based. Other critical issues identified include the need to ensure quality and culturally competent health services for Latinos in an era of changing economic policies. This document calls for interaction among County leaders, service partners, and other societal improvement collaborators and notes the requirement of resources including technical expertise.



The importance of investing in human resources is central to the Blueprint because such attention will strengthen both the County and its new arrivals in the long term. The LHI demonstrates Montgomery County's unique leadership ability in responding to Latino needs and concerns, and may serve as a future model for other U.S. counties where Latino populations are increasing as rapidly. It is through this Blueprint that actions toward improving the health and well being of Latinos in Montgomery County are recognized as priority. With this step much has been accomplished, yet much remains to be done.

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ACKNOWLEDGEMENTS

The members of the LHI Steering Committee join with the Latino community and LHI staff in acknowledging the leadership of Mr. Douglas M. Duncan, County Executive, members of the County Council, and Chuck Short, Director of the Department of Health and Human Services as well as the advice of Ms. Lynn Frank, Chief of Public Health Services, who provided the resources in the development of this document.

We would also like to express our sincere appreciation to the numerous stakeholders including public and private health entities, leaders of Latino community-based organizations and programs, community members, and other collaborating parties for their contributions in the development of this Blueprint.

The LHI Steering Committee is especially grateful to Sonia Mora, Manger of LHI, Evelyn Kelly, Program Assistant and Phil Moses, LHI Consultant for their countless efforts to facilitate and support the work of the Committee to make this project a reality.



EXECUTIVE SUMMARY

INTRODUCTION

One of the most serious and persistent public health problems in the United States is the wide disparity in the health status of the country's ethnic and racial minority groups as compared to the non-minority population. Compelling evidence of the disproportionate disease burden upon ethnic and racial minorities has prompted national, state and local action to deal with the situation.

The United States has declared the elimination of health disparities a public health goal. In response to this charge, at the local level, the Latino Health Initiative was established by the Montgomery County Department of Health and Human Services under the guidance of Latino community leaders and with the support of the County Executive and Council in July, 2000.

MISSION OF THE LATINO HEALTH INITIATIVE

The Latino Health Initiative is charged with the development, implementation and evaluation of a plan of action responsive to the needs of Latinos in Montgomery County. The Initiative's mission is "to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health and wellness system that supports, values, and respects Latino families and communities."

The Latino Health Initiative's first action was the commissioning of a health assessment in order to identify the priority health areas for Latinos in Montgomery County. The findings of this eight-month study laid the foundation for understanding the socioeconomic status, geographical distribution and health needs of County Latino residents.

ASSESSMENT RESULTS

Despite Montgomery County's commendable progress in increasing the availability of health services for low-income uninsured individuals, the study revealed that these gains are not enough to meet the increasing needs of Latino communities. The study graphically delineates the rapid growth of the Latino populations and for the first time systematically collects and analysis data that express concerns and perspectives on health care targeted to Latinos.

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Latinos are the fastest growing ethnic group in the County, growing by over 80% since the last U.S. census. In March, 2000, 100,604 Latinos lived in Montgomery County comprising 11.5% of the County's total population and 44% of all Latinos in Maryland. The majority (60%) of Latinos in Montgomery County are recently arrived immigrants of Central and South American origin while nationally people of Mexican origin comprise approximately 66% of the Latino populations.

Nearly one-third (31%) of County Latinos are under 18 in comparison to less than 27% of the total County population. In addition nearly 50% of Latinos in the County are young, working adults between 18-44 years old, while approximately 40% of the total County population is between this age range. Although 39% of Latinos over 25 have undergraduate or advanced degrees, more than one in five (21%) have less than a high school education compared to the County average of 8.4%, revealing a considerable gap in level of education for County Latinos

Latino households in the County have the lowest median income when compared to other racial/ethnic groups, with a median income almost 19% less than the County average. When compared to the County average of 14%, twenty seven percent (27%) of Latino households earn less than a total of \$30,000. Considering that Latino households are on average larger than non-Latino households, per capita income is even less for County Latinos compared to non-Latino households.



Nearly 83% of area Latinos speak a language other than English, of which 40% do not speak English very well. About 30% live in households that are linguistically isolated because no one in the home, age 14 or older speaks English sufficiently well to manage daily affairs.

GEOGRAPHIC DISTRIBUTION

According to 2000 Census data, 68% of the Latino population in Montgomery County resides in Wheaton-Glenmont, Silver Spring and Gaithersburg City, with the rest dispersed in slightly smaller percentages in Aspen Hill, Takoma Park, Rockville, and Germantown.

MAJOR HEALTH PROBLEMS AND DISPARITIES BETWEEN LATINOS AND OTHER POPULATIONS

One of the major findings from the assessment is that at the County level epidemiological data and other data specific to Latinos are practically nonexistent. As a result, National data were utilized to identify potential health problems that disproportionately affect Latinos at the local level.

Information collected during the archival research indicates that at the national level, Latinos have higher incidence rates for HIV/AIDS, measles, and tuberculosis, and higher mortality rates for liver disease, cervical cancer, and diabetes. Although Latino populations comprise 11.5% of the total U.S. population, it accounts for 18.3% of the country's AIDS population. Latina women have the second highest mortality rate from AIDS and are at least 2.5 times more likely to die from HIV/AIDS than are non-Latina Whites. Cervical cancer is about seven times more prevalent among foreign-born Latinas than non-Latina Whites.

National data also indicate that Latinos are more likely to develop diabetes than are Whites, with a rate almost twice as high as the rate of Whites. By 1998 approximately 1.2 million Latinos in the U.S. had been diagnosed with diabetes, and an estimated 700,000 Latinos have diabetes but have not been diagnosed. Latinas have a birthrate two times higher than non-Latina Whites. Of all Latino births, 6.9 % are to teenagers under the age of eighteen, more than twice the rate for non-Latino whites.

The limited State epidemiological available data suggest that cancer and heart disease are leading mortality factors for Maryland Latinos, with homicide and unintentional injuries the leading factors for children, adolescents and young adults. Additionally, alcohol, cigarette and marijuana abuse disproportionately affect Latino adolescents. The health assessment also identified diabetes, asthma/respiratory problems, HIV/AIDS, adolescent pregnancy, domestic violence, substance abuse, and mental health as key health problems affecting County Latinos.

According to the results of the needs assessment, major barriers affecting the health of Latinos in the County, particularly those who are low-income include a lack of health insurance (estimates range from 40% to 80% uninsured rates). Data indicated that Latino residents have the highest percent of self-pay hospital admissions than any other racial/ethnic group. Other major barriers include a shortage of culturally and linguistically competent health professionals and other staff, lack of resources for referrals to specialty services, long waiting periods for services, and lack of access to quality, inexpensive, continuous care. Information collected during focus group discussions, key informant interviews, and site visits indicates that geographic access is a problem for many low-income Latinos who depend on public transportation and often spend long hours on several buses to get to and from service providers.

Due to limited Spanish-language outreach efforts by service providers and unfamiliarity by recent immigrants with the health care system, low-income Latinos are often unaware of existing public and private health care services for the uninsured. Many undocumented Latinos avoid seeking public health services for fear of deportation.

The assessment also identified that low levels of prevention consciousness exist among recent immigrant Latinos due to the lack of primary prevention focus on adults in many Latin American countries and the lack of local primary prevention programs aimed at Spanish-speaking Latino populations.



Latino consumers and health care personnel who participated in focus group discussions and key informant interviews cited a need for language services. For Latinos, the lack of English skills inhibits access to services, highlighting a need for more English classes at many different times of day and at multiple locations. For service providers there is a lack of culturally competent Spanish-speaking staff at health care facilities and resources for Latinos.

ASSETS AND PROTECTIVE FACTORS IN THE LATINO COMMUNITY

According to the study results, the Latino population has many assets and protective factors that can be utilized to promote its health. Some of these include strong family and community ties that are unified by language and customs. A wealth of trained and experienced professionals, although not licensed to practice yet in this country, present a great potential for the delivery of appropriate health services. There are many non-profit Latino community-based organizations that are currently providing an array of social services and offer a strong supportive role. In addition, a well-developed electronic and print Spanish-language media already exists that facilitates information flow that could be utilized for outreach efforts.

MAJOR DATA GAPS

One of the most basic and important issues surrounding the health disparities faced by Latinos includes the continuing lack of adequate health data on Latino populations. Health data pertaining to ethnicity at the County and State level are very often unavailable and/or unreliable. Documented problems include the fact that some sources collect data only by "White/Black/Other" categories and some sources offer only one choice for identification of race/ethnicity. As a result, Latinos are lost among other categories.

BLUEPRINT FOR LATINO HEALTH

Based on the results of the assessment, the Latino Health Initiative Steering Committee engaged in a participatory process with input from community members, organizations, and programs to determine major health priorities to be addressed over the next five years, and to develop a set of recommendations for each priority. This Blueprint will be useful to policy and program decision-makers, and public and private health care service providers who offer or are considering offering preventative and curative health care to Latinos.

The Blueprint will help service providers and other decision-makers to:

- Make strategic and program decisions that will better correspond to the needs of the low-income Latino community.
- ◆ Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.
- ◆ Support policy initiatives and budget requests from County and State governments that will further the health interests of the Latino community.
- ◆ Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support of programmatic activities.

PRIORITIES, GOALS AND RECOMMENDATIONS

The Latino Health Initiative Steering Committee identified seven priorities that are considered crucial to improving the health of Latinos in Montgomery County. These priorities focus on systemic issues rather than disease-specific ones. As the available data on Latino populations improve, public and private health care providers will have the information needed to plan disease-specific interventions. The priorities are not ranked since all are understood to be of crucial importance. The Steering Committee recommends that, to the extent possible, any resulting activities based on the recommendations of this Blueprint be conducted in consultation with stakeholders and appropriate community representatives.



PRIORITY A: IMPROVING THE COLLECTION, ANALYSIS, AND REPORTING OF HEALTH DATA FOR LATINOS

Inadequate health data for Latinos is a problem throughout Federal, State, and Local health systems and impacts virtually every public and private health care agency or program in Montgomery County and in the State of Maryland. The rapid rate of increase of Latino populations is making this lack of information critical to appropriate resource allocation and policy and program planning.

GOAL

By 2006, Montgomery County's system for collecting, analyzing, and reporting health data will permit rational prioritizing, planning, monitoring and evaluation of health interventions among Latino populations.

POLICY RECOMMENDATIONS:

- ◆ The Maryland Department of Health and Mental Hygiene must change its system of data collection, analysis and reporting of diseases to reflect the ethnic category of "Latino" and the categories of "country of birth", and "preferred language" for Latinos.
- ◆ The County must require that data collected by and/or reported to the County as well as data reported by State and Federal agencies pertinent to the health of Latinos in Montgomery County be analyzed, reported and disseminated to the public on a yearly basis.
- ◆ The County must identify a standard method that is consistent with the US Census Bureau of collecting and reporting accurate ethnic data including country of birth for Latinos and preferred language, to allow analysis in service and medical record data systems. The County must also require that all health programs conducted by or funded by the County comply with this method.
- ◆ The County must ensure that its resources for health programs and services include funds to pay for data collection, analysis, and dissemination of Latino health data so that progress in improving health status can be tracked.
- ◆ The County must guarantee compliance with all applicable State and Federal mandates on the inclusion of Latinos in data systems and research programs.
- ◆ The County, in consultation with the Latino Health Initiative Steering Committee must appoint a task force to monitor progress in this area.

PRIORITY B: ENSURING ACCESS TO AND QUALITY OF HEALTH CARE

A large proportion of the low-income Latino population work in the service and construction industries and frequently lack health insurance. Current safety net providers are overwhelmed with high demand and offer little healthcare continuity. Lack of access to affordable healthcare results in the postponement or elimination of necessary medical care, a reliance on emergency room visits, and higher costs to both families and the health care system.

GOAL

By 2006, the County will have increased the access to health care among low-income and uninsured Latinos.

POLICY RECOMMENDATIONS:

◆ The County must develop and fund initiatives that encourage employers to offer health insurance to their low wage employees. Special attention should be given to initiatives that allow employers with a small workforce (9 or under) of low wage employees to obtain health insurance for themselves and their employees.



- ◆ The County must act to expand the capacity of the Safety Net Providers to offer primary health care to area Latinos.
- ◆ The County must ensure an increase in funding levels for Safety Net Providers.
- ◆ The County must ensure that Safety Net Providers have the resources they need to expand hours of service to enable greater access to services among working people.
- ◆ The County must conduct culturally and linguistically appropriate outreach activities to increase awareness and use of available programs.
- ◆ The County must establish consumer oversight boards for services and programs that serve Latino populations with the purpose of providing regular guidance and input on improving the accessibility of services to consumers.
- ◆ The County and other health care providers should implement mechanisms to increase geographic access to care such as subsidizing transportation and/or childcare costs for patients.
- ◆ The County, other health care providers and community-based organizations should educate Latinos about the importance of seeking and obtaining a continuous health care provider to enhance the quality of health care they receive.
- ◆ Health care providers and members of the Latino community should collaborate with other groups to develop and support policy initiatives that promote access to quality health care to all who need it regardless of immigration status.
- Managed care organizations must provide culturally and linguistically appropriate case management services to Latino clients.
- ◆ Health care providers and members of the Latino community should advocate for health insurance regardless of immigration status.

PRIORITY C: ENSURING THE AVAILABILITY OF CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH SERVICES

It has been documented that cultural and linguistic barriers in health care encounters often lead to poor communication, patient dissatisfaction, poor compliance with treatment, and potential errors in the delivery of health services. This is a problem for the insured as well as uninsured. Service providers and Latino consumers identify the lack of culturally and linguistically appropriate services as the major barrier to health care for area Latinos. This current deficiency is having and will continue to have a negative impact on health outcomes for Latinos. It also results in inefficient use of the health care delivery system. Under Title VI of the law, hospitals, HMOs, social service agencies and other entities that receive Federal financial assistance are required to take the steps necessary to ensure that individuals with limited English proficiency can have meaningful access to the programs and services that they provide. The requirements apply to State-administered as well as private and non-profit facilities and programs that benefit from Federal assistance.

GOAL

By 2006, all health services and programs supported by the County will have systematically incorporated culturally and linguistically appropriate values, policies, structures, and practices.

POLICY RECOMMENDATIONS:

◆ The County must approach the Latino community in a timely and culturally and linguistically competent manner for all appropriate activities related to national and local emergencies, including emergency planning, prevention and response.



- ◆ All government and non-governmental health agencies in Montgomery County must have in place a strategic plan for improving their cultural and linguistic competency, and be in compliance with Federal mandates pertaining to culturally and linguistically appropriate services.
- ◆ The County must commission an assessment of all appropriate HHS programs and all appropriate entities receiving County funds to determine their level of cultural and linguistic competence.
- ◆ The County must adopt Federal guidelines on culturally and linguistically appropriate service as County standards and must require that all its health programs and all entities receiving funds from HHS comply with these standards.
- ◆ The County must provide ongoing awareness training on the need for culturally and linguistically appropriate services and on applicable Federal mandates and standards for Culturally and Linguistically Appropriate Services in Health Care.
- ◆ The County must increase the number of bilingual and bicultural health care practitioners working in programs administered or funded by the County.
- ◆ The County must require that all health programs and all entities receiving funds from HHS provide clients with Spanish translations of all relevant forms and applications.
- ◆ The County must require that all health programs and entities receiving County funds provide trained interpreters at health care sites.
- ◆ The County must expand its current efforts to provide English classes to better meet the extremely high demand for these classes.

PRIORITY D: ENHANCING THE ORGANIZATIONAL CAPACITY OF LATINO COMMUNITY-BASED ORGANIZATIONS TO PROVIDE HEALTH SERVICES

The limited organizational capacity of area Latino community-based organizations is a barrier to improving the health of the Latino populations. These organizations have gained a high level of trust in the community due to their linguistic and cultural competency. However, the majority of these entities are not equipped to deliver health services. The County has stated the expansion of community partnerships in the delivery of health care as a priority. Therefore ensuring that these organizations have the structure, skills and resources needed to achieve the desired outcomes is a necessity. With the County's support Latino community-based organizations will have better access to resources from other public and private entities to enhance their organizational capacity.

GOAL

By 2006, Latino community-based organizations will have the structures, skills, and resources needed to achieve desired outcomes in providing preventative and curative health care to the Latino population. This includes activities such as development and training of staff and boards, building infrastructure, information technology, and managerial and fundraising capacity.

POLICY RECOMMENDATIONS:

County health services contracts with Latino community-based organizations must allow them to dedicate a part of the funding provided to conduct capacity building activities such as staff and board training, purchase of needed equipment, and expanding infrastructure.



- ◆ The County must develop mechanisms through which personnel from all Latino community-based organizations can access training offered to County personnel.
- The County must offer ongoing technical assistance to community-based organizations that receive County contracts, especially in the areas of resource and infrastructure development, program planning, financial and program management, and evaluation.
- ◆ The County must identify and implement creative ways to support Latino community-based organizations towards the goal of diversifying sources of support. Examples include bond bills, tax credits, and advocating for State, Federal, and private funding.
- ◆ Latino community-based organizations should access funding from diverse sources to develop strategies and conduct activities that enhance organizational capacity.

PRIORITY E: INCREASING COMMUNITY PARTICIPATION IN DECISIONS THAT IMPACT THE HEALTH OF THE LATINO COMMUNITY

The lack of participation by Latinos on County health coalitions, boards and advisory bodies is a barrier to improving the health of their community. Most advisory boards have little provision for linguistic and cultural access to participation by the Latino community. An additional factor is the lack of trust in government agencies by the Latino community, which would be ameliorated by the regular involvement and representation of community leaders and consumers in the County's attempts to address health care needs.

GOAL

By 2006, the number and capacity of Latino service providers, community leaders, and consumers leading efforts to improve health will increase.

POLICY RECOMMENDATIONS:

- ◆ The County must have parity representation by Latinos on its boards, committees, commissions, task-forces and other collective entities.
- ◆ The County, health care providers, and Latino community-based organizations must collaborate to develop, implement and evaluate a model by which Latino users of health care services will actively participate in identifying, assessing, analyzing and seeking solutions to health problems that affect Latinos.
- ◆ The County must require that all health programs and all entities receiving funds establish consumer advisory boards that will help ensure services are provided in a culturally and linguistically appropriate manner.
- ◆ All County health programs and services must have a Latino representative present in its design, planning, implementation and evaluation stages.
- ◆ All consumer advisory boards for County health programs and appropriate entities receiving funds must involve Latinos in a culturally and linguistically appropriate manner.
- ◆ Government and private agencies should establish culturally and linguistically appropriate leadership development programs for area Latinos.
- ◆ The County should facilitate the participation of community members by offering incentives such as bus tokens, childcare and stipends to encourage participation in health-related activities.
- ◆ Safety Net Providers should recruit Latinos to serve on their governing boards in order to improve services to Latino clients.



PRIORITY F: EXPANDING HEALTH PROMOTION AND DISEASE PREVENTION EFFORTS TARGETING THE LATINO COMMUNITY

Health promotion and disease prevention (HPDP) efforts are very effective tools for improving the health of communities. However, very few HPDP Federal, State and Local programs are in Spanish or culturally appropriate, thereby excluding Latinos from benefiting from them. Many health problems affecting Latinos could be prevented or reduced by making HPDP interventions culturally and linguistically appropriate. HPDP efforts reduce costs to the system of health care.

GOAL

By 2006, increase the number of ongoing health promotion and disease prevention efforts targeting the Latino community, especially those efforts that focus on primary prevention.

POLICY RECOMMENDATIONS:

- ◆ The County must develop and evaluate health promotion and disease prevention models that are culturally and linguistically appropriate, such as the current health promoter programs targeting the Latinos.
- ◆ Government and non-governmental agencies must support policy initiatives that promote health and prevent disease in Latino populations.
- ◆ The County must develop programs that promote primary prevention and wellness in general rather than targeting a specific disease. These programs should take in consideration the promotion of protective factors in Latino populations.
- Government and non-governmental agencies must use culturally and linguistically appropriate strategies to educate Latino populations on the available services.
- ◆ Government and non-governmental agencies must include Latino representation in the development of all outreach and public information campaigns, including television, radio, and the print media.
- Government and non-governmental agencies must increase the media's awareness of Latino health and HPDP issues and clarify their role in HPDP information and dissemination.
- ◆ Government and non-governmental agencies must encourage community-building activities such as neighborhood beautification campaigns in areas with high concentration of Latino residents.
- ◆ The County, service providers, and Latino community-based organizations should collaborate with health research centers and universities to promote the development of community health intervention programs targeting underserved Latino populations.

PRIORITY G: INCREASING THE NUMBER OF LATINO HEALTH CARE PROFESSIONALS WORKING IN THE COUNTY

The importance of racial and ethnic diversity in health care delivery systems is well documented as being correlated with the ability to provide quality care. At the national and local levels, the lack of Latino health care providers is a serious issue.

GOAL

By 2006, increase the number of Latino health care professionals working in the County.



POLICY RECOMMENDATIONS:

- ◆ County and private agencies must advocate for changes in State and Local legislation that will facilitate the opportunity to obtain the appropriate education and licensure for foreign-trained health care professionals.
- County and private agencies must help unlicensed, highly trained immigrant health professionals to become familiar with the local health system by including them in programs in an ancillary role.
- ◆ County and private agencies must create opportunities such as internships, volunteer placements, mentoring and scholarship programs whereby interested bilingual and bicultural Latino students can gain the experience and encouragement they need to pursue studies in health care.
- ◆ County and private agencies must develop and implement strategies to include practicing Latino health professionals into the system serving low-income Latinos.
- ◆ The County should provide subsidies for immigrant health care providers to validate their degrees in this country in exchange for a commitment to work in the public sector for a certain number of years.
- ◆ The County must expand academic offerings at local community college and vocational schools to increase cultural competence of health care students and workers to address health needs of Latinos.

CONCLUSION

In an effort to begin to confront the health challenges that Latinos face in Montgomery County, individuals representing national, state, and local organizations and the community at large came together to develop a plan to address the complex barriers to quality healthcare and services. As a result of this collective effort, this Blueprint for Latino Health was developed.

The Blueprint describes some of the major contributions Latinos make to the County as a whole, and outlines the challenges facing Montgomery County Latinos in their ability to access and benefit from healthcare. This document also offers very specific and achievable recommendations that County politicians and planners can utilize in making progress towards an efficient and cost-effective health care delivery system for this rapidly increasing segment of the County's population.

The seven priorities contained in the Blueprint are critical to the implementation of a plan to address the healthcare needs of Latinos in Montgomery County. The lack of services in the Latino community and the Latino population's rapid growth is compounding a serious healthcare situation that policy makers and program planners must address. The collective efforts in carrying forth the aims of this Blueprint are critical to the health of every Latino residing in Montgomery County. This new, more cohesive and comprehensive approach will allow a significant impact be made on the health of Latinos.

In Montgomery County, the implementation of the recommendations contained in the Blueprint for Latino Health will make a real difference in closing the existing gap between the health status of Latinos and other ethnic and racial groups. The adoption of these goals in the policy and program planning process will facilitate the critical objective to make affordable and culturally and linguistically appropriate delivered healthcare a reality for all communities in Montgomery County.



LATINO HEALTH INITIATIVE STEERING COMMITTEE

The Latino Health Initiative Steering Committee (LHI SC) is a group of volunteer professionals representing 11 national and local organizations. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI.

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